

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION



Markham Oncology Referral

Dr. Henry Solow MD, FRCPC Dr. Amanda Li, MD, FRCPC
Dr. Leena Hajra MSc, MD, FRCPC Dr. Monali Ray, MD, FRCPC
Dr. Mateya Trinkaus, MD, FRCPC Dr. Luisa Cardenas, MD, FRCPC
Dr. Sam Babak MD, FRCPC

Please Fax To: 905-472-7046

Telephone: 905-472-7373 ext. 2029

Hospital MRN #: _____

Patient Name: _____

Date of Birth: _____ Sex: F M
Last First
Day Month Year

Health Card # _____ Version Code: _____

Address: _____ Postal Code: _____

WSIB # _____ Non OHIP (Self-pay) or Refugee

Telephone # (Best Daytime): _____

Alternate #: _____

- Emergent (less than 24 hours).**
Must speak directly to the on-call oncologist - Page the oncologist through locating
- Urgent (less than 7 days). Explanation: _____
- Routine (less than 14 days)

Referral Date (dd/mm/yyyy)		Referring MD	Telephone
CPSO #	Billing #	Address	Fax
Preferred Language		Name & number of interpreter to help schedule appointment, if available Please bring an interpreter to the appointment if required.	

Diagnosis:

Patient aware of diagnosis: Yes No

Reason for Referral: New Diagnosis Recurrent/Progression 2nd Opinion

Details: _____

For Breast Cancer Diagnosis:

Patients with Lumpectomy or LABC: Radiation Oncology Referral sent Date: _____

Recent Imaging Relevant to Diagnosis: If Pending, note date and location of test booked

- | | |
|--|---|
| <input type="checkbox"/> CT | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Mammogram _____ | <input type="checkbox"/> Ultrasound _____ |
| <input type="checkbox"/> Bone Scan _____ | <input type="checkbox"/> X-ray _____ |
| <input type="checkbox"/> FDG-PET _____ | <input type="checkbox"/> Echo _____ |
| <input type="checkbox"/> Skeletal Survey (myeloma) _____ | <input type="checkbox"/> _____ |

Please include available reports and ensure patient brings images on CD

Please include the following:

- | | |
|--|--|
| Brief History: <input type="checkbox"/> Included <input type="checkbox"/> Pending | Most recent consult note: <input type="checkbox"/> Included <input type="checkbox"/> Pending |
| Recent Pathology: <input type="checkbox"/> Included <input type="checkbox"/> Pending | Previous Pathology: <input type="checkbox"/> Included <input type="checkbox"/> Pending |
| Medication List: <input type="checkbox"/> Included <input type="checkbox"/> Pending | Recent Lab Reports: <input type="checkbox"/> Included <input type="checkbox"/> Pending |
| Operative Report: <input type="checkbox"/> Included <input type="checkbox"/> Pending | _____ : <input type="checkbox"/> Included <input type="checkbox"/> Pending |

***** All external information MUST be faxed with this referral for appointment to be made *****

For office use only

Fax Complete: Yes No Date: _____ Appt Time: _____